



82744/18

PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

**FY 2005**

**(fees effective on or after December 8, 2004)**

Docket Number (Optional)

006427.00084 (IR 6888-01)

Application Number 10/063,590

Filed May 3, 2002

For Powered Toothbrush With A Hinged Section

Art Unit 1744

Examiner Randall E. Chin

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | <u>Fee</u> | <u>Small Entity Fee</u> |               |
|--|------------|-------------------------|---------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$120      | \$60                    | \$_____       |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$450      | \$225                   | \$_____       |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020     | \$510                   | <u>\$1020</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1590     | \$795                   | \$_____       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2160     | \$1080                  | \$_____       |

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-0733. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 40,449
- ☐ attorney or agent under 37 CFR 1.34.
- Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

Brian E. Hanlon  
Signature  
Brian E. Hanlon  
Typed or printed name

5/5/05  
Date  
202-824-3000  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

05/06/2005 HALL11 00000126 190733 100.3590

01 FC:1253 1020.00 DA

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

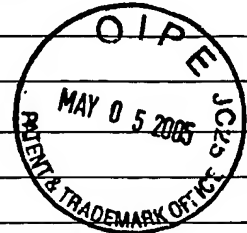
# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1200

## Complete if Known

Application Number 10/063,590  
Filing Date May 3, 2002  
First Named Inventor Eyal Eliav  
Examiner Name Randall E. Chin  
Art Unit 2704  
Attorney Docket No. 006427.00084 (IR 6888-01)



## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | _____          |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | _____          |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | _____          |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | _____          |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | _____          |

### 2. EXCESS CLAIM FEES

| <u>Fee Description</u>   |                     |                |                      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>      |
|--|---------------------|----------------|----------------------|----------------------------------|----------------------|
| Each claim over 20 (including Reissues)                                |                     |                |                      | 50                               | 25                   |
| Each independent claim over 3 (including Reissues)                     |                     |                |                      | 200                              | 100                  |
| Multiple dependent claims  |                     |                |                      | 360                              | 180                  |
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
| _____ - 20 or HP=  | _____ x             | _____ =        | _____                | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                |                      |                                  |                      |
| <u>Indep. Claims</u>   | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> |                                  |                      |
| _____ - 3 or HP=   | _____ x             | _____ =        | _____                |                                  |                      |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                |                      |                                  |                      |

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 Month Extension of Time and Information Disclosure Statement Fee \$1200

## SUBMITTED BY

Signature Brian E. Hanlon Registration No. 40,449 Telephone 202-824-3000  
(Attorney/Agent)  
Name (Print/Type) Brian E. Hanlon Date 5/5/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.